

<b>Case Number:</b>	CM14-0106935		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who has submitted a claim for chronic pain syndrome, opiate dependency, and degenerative spine disease associated with an industrial injury date of January 28, 2002. Medical records from 2004-2014 were reviewed. The patient complained of persistent low back pain, rated 5-6/10 in severity. Physical examination showed tenderness with spasms on the lumbar spine. There was limited range of motion as well. There was diminished sensation on the left L3, L4, L5 and S1 dermatomes. Right lower extremity strength was 4/5 and limited by pain. MRI of the lumbar spine, dated March 8, 2004, revealed L4-L5 normal disc height and signal without stenosis. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, home exercise program, activity modification, lumbar facet rhizotomy, right greater trochanteric bursal injection, right knee intra-articular corticosteroid injection, lumbar epidural steroid injection, and left shoulder arthroscopic surgery. Utilization review, dated June 27, 2014, denied the request for transforaminal epidural steroid injection bilateral L4 and L5 nerve roots because the response from prior injection was not clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Transforaminal Epidural Steroid Injection Bilateral L4 and L5 nerve roots:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent low back pain with physical examination findings of decreased sensation on the left L3, L4, L5 and S1 dermatomes and 4/5 right lower extremity strength. MRI of the lumbar spine dated March 8, 2004 revealed L4-L5 normal disc height and signal without stenosis. The MRI findings are not consistent with the patient's physical examination. Previous epidural steroid injections were done on the patient. The latest of which was dated January 3, 2014. However, objective pain relief measures and evidence of functional improvement were not documented. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for Transforaminal Epidural Steroid Injection Bilateral L4 and L5 nerve roots is not medically necessary.